

CERTIFICATE OF BALLOT
(For Community College Districts)

FORMAT 9A

Local election official must certify to each election authority (county clerk or board of election commissioners) who prepares ballots for the political subdivision.

TO: _____ Election Authority

FROM: _____ Local Election Official in and for _____
(Community College District)
in the County of _____ and State of Illinois.

I, the undersigned Local Election Official in and for the community college district aforesaid, do hereby state that this certificate of ballot, consisting of _____ page(s), is a true and correct listing of all candidates, in the order that they are to appear on the ballot, to be voted on at the Consolidated Election to be held on _____.
(insert month, day, year)

DATED: _____
(insert month, day, year) _____
(Local Election Official/Community College Board Secretary)

For additional candidates use another page.

OFFICIAL BALLOT

DISTRICT _____ (1 THROUGH 7)

**FOR TRUSTEES OF THE COMMUNITY COLLEGE DISTRICT
TO SERVE A FULL ____-YEAR TERM
VOTE FOR ONE**

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

DISTRICT _____ (1 THROUGH 7)

FOR TRUSTEES OF THE COMMUNITY COLLEGE DISTRICT
TO SERVE AN UNEXPIRED 4-YEAR TERM
VOTE FOR ONE

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

DISTRICT _____ (1 THROUGH 7)

FOR TRUSTEES OF THE COMMUNITY COLLEGE DISTRICT
TO SERVE AN UNEXPIRED 2-YEAR TERM
VOTE FOR ONE

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

FORMAT 9A

This form is used by Community College Districts in which trustees are elected from sub-districts.